

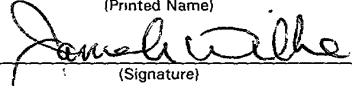
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Atty. Dkt. No. 010124-0288

JCS72 U.S. PTO
02/19/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Christopher J. Bonin, et al
Title: SYSTEM AND METHOD FOR
SELECTION OF A PRIMARY
CARE PHYSICIAN
Appl. No.: Unknown
Filing Date: February 19, 2002
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.	
EL714060476US	2/19/02
(Express Mail Label Number)	(Date of Deposit)
James A. Wilke (Printed Name)	
 (Signature)	

JCS68 U.S. PTO
10/078803
02/19/02

UTILITY PATENT APPLICATION
TRANSMITTAL

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Christopher J. Bonin
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Enclosed are:

- [X] Specification, Claim(s), and Abstract (20 pages).
- [X] Informal drawings (2 sheets, Figures 1-2).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to Aurora Health Care, Inc..

- ☒ Assignment of the invention to Aurora Health Care, Inc..
- ☒ Assignment Recordation Cover Sheet.
- ☒ Check in the amount of \$40.00 for Assignment recordation.
- ☒ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☒ Information Disclosure Statement.
- ☒ Form PTO-1449 with copies of 6 listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims:	30	- 20	= 10	x \$18.00	= \$180.00
Independents:	5	- 3	= 2	x \$84.00	= \$168.00
If any Multiple Dependent Claim(s) present:			+	\$280.00	= \$0.00
				SUBTOTAL:	= \$1088.00
<input type="checkbox"/>				Small Entity Fees Apply (subtract ½ of above):	= \$0.00
				TOTAL FILING FEE:	= \$1,088.00

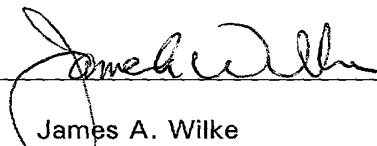
- ☒ A check in the amount of \$1,088.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date 2/19/02

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Respectfully submitted,

By 
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